

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

1-8-03  
\* 01-348  
Mark A. Balkin  
Hardy, Carey & Chautin, L.L.P.  
110 Veterans Boulevard  
Suite 300  
Metairie, LA 70005

2. Article Number (Copy from service label)

0023 0771 2047

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

JAN 27 2003

C. Signature

*[Signature]*

☐ Agent  
☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DOCKET NO.

01-348

RECEIVED &amp; INSPECTED

**CERTIFIED**

JAN 22 2003

**MAIL**

FCC - MAILROOM

**RETURN**
**RECEIPT**
**REQUESTED**

ORDER DATED

1-8-03

FCC 03-4

MIMEOGRAPH NO.

**NAME:** Mark A. Balkin  
Hardy, Carey & Chautin, L.L.P.  
110 Veterans Boulevard  
Suite 300  
Metairie, LA 70005

C. R. R. NO.

BY

**U.S. Postal Service**
**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mark A. Balkin  
110 Veterans Boulevard Suite 300  
Metairie, LA 70005

Postage

\$ 60

Certified Fee

2.30

Return Receipt Fee  
(Endorsement Required)

1.75

Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$ 4.65

Postmark  
Here

24-2203

Name (Please Print Clearly; to be completed by addressee)

Mark A. Balkin

Street, Apt. No., or P.O. Box No.

110 Veterans Boulevard Suite 300

City, State, ZIP+4

Metairie, LA 70005

7000 0600 0023 0771 2047